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JC35
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PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Please type a plus (+) sign in this box →



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))

| | |
|--|--|
| Attorney Docket No. | M61.12-0349 |
| First Inventor or Application Identifier | David N. Weise |
| Title | METHOD AND APPARATUS FOR PARSING TEXT USING MUTUAL INFORMATION |
| Express Mail Label No. | EL844347396US |

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

Address To: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ *Fee Transmittal Form e.g., PTO/SB17
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Sheets **31**]
(preferred arrangement set forth below)
 - Descriptive title of the Invention)
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. § 113) [Total Sheets **7**]
- Oath or Declaration [Total Sheets **2**]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 17 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).

5. ☐ Microfiche Computer Program (Appendix)
6. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (Identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☒ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
9. ☐ English Translation Document
10. ☒ Information Disclosure Statement (IDS/PTO - PTO) ☐ Copies of IDS
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
13. ☐ *Small Entity Statement filed in prior application. Status still proper and desired (PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
15. ☐ Request and Cert. Under 35 USC 122 (Non-Pub)
16. ☒ Other: Our checks in the amounts of \$40.00 and \$746.00

* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

17. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation -in part (CIP) of prior application No: _____

Prior application information. Examiner _____ Group/Art Unit: _____

FOR CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE

☐ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or ☒ Correspondence address below

| | | | | | |
|---------|--|-----------|----------------|----------|----------------|
| Name | Theodore M. Magee WESTMAN CHAMPLIN & KELLY | | | | |
| Address | Suite 1600 - International Centre 900 South Second Avenue | | | | |
| City | Minneapolis | State | MN | Zip Code | 55402-3319 |
| Country | USA | Telephone | (612) 334-3222 | Fax | (612) 334-3312 |

| | | | |
|-------------------|--------------------------|-----------------------------------|---------|
| Name (Print/type) | Theodore M. Magee | Registration No. (Attorney/Agent) | 39,758 |
| Signature | <i>Theodore M. Magee</i> | Date | 7/11/01 |

| FEE TRANSMITTAL | | Complete if Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | First Named Inventor | David N. Weise | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Title | METHOD AND APPARATUS FOR PARSING TEXT USING MUTUAL INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | Examiner Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Amount of Payment \$ 746 | | Atty. Docket Number | M61.12-0349 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD OF PAYMENT (Check One) | | FEE CALCULATION (Continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. 23-1123. Westman, Champlin & Kelly, P.A. 2. <input checked="" type="checkbox"/> Check Enclosed | | 3. ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Large Entity Fee</th> <th style="width: 10%;">Small Entity Fee</th> <th style="width: 10%;">Fee Description</th> <th style="width: 10%;">Fee Paid</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>116</td> <td>390</td> <td>216</td> <td>195</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>117</td> <td>890</td> <td>217</td> <td>445</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>118</td> <td>1,390</td> <td>218</td> <td>695</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>128</td> <td>1,890</td> <td>280</td> <td>945</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>148</td> <td>110</td> <td>248</td> <td>55</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>141</td> <td>1,240</td> <td>241</td> <td>620</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>142</td> <td>1,270</td> <td>242</td> <td>650</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>143</td> <td>470</td> <td>243</td> <td>250</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | Large Entity Fee | Small Entity Fee | Fee Description | Fee Paid | Code | (\$) | Code | (\$) | 105 | 130 | 205 | 65 | | | | | 127 | 50 | 227 | 25 | | | | | 139 | 130 | 139 | 130 | | | | | 147 | 2,520 | 147 | 2,520 | | | | | 115 | 110 | 215 | 55 | | | | | 116 | 390 | 216 | 195 | | | | | 117 | 890 | 217 | 445 | | | | | 118 | 1,390 | 218 | 695 | | | | | 128 | 1,890 | 280 | 945 | | | | | 120 | 310 | 220 | 155 | | | | | 121 | 270 | 221 | 135 | | | | | 148 | 110 | 248 | 55 | | | | | 140 | 110 | 240 | 55 | | | | | 141 | 1,240 | 241 | 620 | | | | | 142 | 1,270 | 242 | 650 | | | | | 143 | 470 | 243 | 250 | | | | | 122 | 130 | 122 | 130 | | | | | 123 | 50 | 123 | 50 | | | | | 126 | 180 | 126 | 180 | | | | | 581 | 40 | 581 | 40 | | | | |
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| 118 | 1,390 | 218 | 695 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 128 | 1,890 | 280 | 945 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 141 | 1,240 | 241 | 620 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 142 | 1,270 | 242 | 650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 123 | 50 | 123 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 126 | 180 | 126 | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING FEE <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Large Entity Fee</th> <th style="width: 10%;">Small Entity Fee</th> <th style="width: 10%;">Fee Description</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>101</td> <td>710</td> <td><input checked="" type="checkbox"/> Utility Filing Fee</td> </tr> <tr> <td>106</td> <td>320</td> <td><input type="checkbox"/> Design Filing Fee</td> </tr> <tr> <td>108</td> <td>710</td> <td><input type="checkbox"/> Reissue Filing Fee</td> </tr> <tr> <td>114</td> <td>150</td> <td><input type="checkbox"/> Prov. Filing Fee</td> </tr> <tr> <td colspan="3" style="text-align: right;">Subtotal (1) \$ 710</td> </tr> </tbody> </table> | | Large Entity Fee | Small Entity Fee | Fee Description | Code | (\$) | | 101 | 710 | <input checked="" type="checkbox"/> Utility Filing Fee | 106 | 320 | <input type="checkbox"/> Design Filing Fee | 108 | 710 | <input type="checkbox"/> Reissue Filing Fee | 114 | 150 | <input type="checkbox"/> Prov. Filing Fee | Subtotal (1) \$ 710 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity Fee | Small Entity Fee | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 101 | 710 | <input checked="" type="checkbox"/> Utility Filing Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 114 | 150 | <input type="checkbox"/> Prov. Filing Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subtotal (1) \$ 710 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIM FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Number Claims</th> <th style="width: 10%;">Prior**</th> <th style="width: 10%;">Extra</th> <th style="width: 10%;">Fee from Below</th> <th style="width: 10%;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>22</td> <td>20</td> <td>2</td> <td>36</td> </tr> <tr> <td>Indep.</td> <td>3</td> <td>3</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p>Multiple Dependent Claims</p> <p>** Insert 3 and 20, or number previously paid if greater, Reissue see below</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Large Entity Fee</th> <th style="width: 10%;">Small Entity Fee</th> <th style="width: 10%;">Description</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203 9 Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>80</td> <td>202 40 Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>270</td> <td>204 135 Multiple Dependent Claims</td> </tr> <tr> <td>109</td> <td>80</td> <td>209 40 Reissue Independent Claims over Original Patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210 9 Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="3" style="text-align: right;">Subtotal (2) \$ 36</td> </tr> </tbody> </table> | | Number Claims | Prior** | Extra | Fee from Below | Fee Paid | Total | 22 | 20 | 2 | 36 | Indep. | 3 | 3 | 0 | 0 | Large Entity Fee | Small Entity Fee | Description | Code | (\$) | | 103 | 18 | 203 9 Claims in excess of 20 | 102 | 80 | 202 40 Independent claims in excess of 3 | 104 | 270 | 204 135 Multiple Dependent Claims | 109 | 80 | 209 40 Reissue Independent Claims over Original Patent | 110 | 18 | 210 9 Reissue claims in excess of 20 and over original patent | Subtotal (2) \$ 36 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number Claims | Prior** | Extra | Fee from Below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 22 | 20 | 2 | 36 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indep. | 3 | 3 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity Fee | Small Entity Fee | Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Code | (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103 | 18 | 203 9 Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102 | 80 | 202 40 Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104 | 270 | 204 135 Multiple Dependent Claims | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109 | 80 | 209 40 Reissue Independent Claims over Original Patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 18 | 210 9 Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subtotal (2) \$ 36 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Subtotal (3) \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Signature Theodore M. Magee
(Theodore M. Magee)

Reg. No. 39,758

Date 7-11-01

Deposit Account No. 23-1123